

# GRANT-IN-AID BILLING FORM

CLUB INFORMATION

CLUB NAME:	
W9 ADDRESS:	
TOWN/CITY	
ZIP CODE:	TELEPHONE:
EMAIL:	
GRANT #:	CHECK IF CASH ADVANCE REQUEST:

FOR BUREAU OF TRAILS USE ONLY	
DATE	INVOICE#
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
VENDOR CODE	ENCUMBRANCE NUMBER
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
GRANT VALUE	BUSINESS OFFICE PAY
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
CHARGED TO:	
010-035-	075-0590
AUTHORIZED SIGNATURE	
<input style="width: 100%; height: 100%;" type="text"/>	
MONTH INCURRED:	

Grooming & Grading reimbursement requests must include log sheets and be received at the Bureau by the 10th of the month for the previous month's work. Reimbursement requests for plowing of approved parking lots must be accompanied by invoices indicating dates of each plow. Construction and Equipment reimbursement requests must have invoices and proof of payment attached to this form.

All projects and equipment paid for in part by Grant in Aid is subject to audit.

DATE	PROJECT#-DESCRIPTION OF WORK-MATERIALS USED-EQUIPMENT	RATE PER HR	HOURS	CHARGE TO GIA
IN ORDER TO RECEIVE REIMBURSEMENT - TRAIL ADMINISTRATOR <u>MUST</u> SIGN BELOW		CLUB TOTALS	0	

PRINT NAME:	<b>DO NOT WRITE BELOW</b>
SIGN:	

TRAIL ADMINISTRATOR - SIGNED UNDER PENALTY OF PERJURY